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| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | rt 1: Identify Yourself | | | |
|-----|---|--|---|--|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | |
| 1. | Your full name | | | |
| | Write the name that is or your government-issued picture identification (for example, your driver's license or passport). | Carmen First name M Middle name | First name Middle name | |
| | Bring your picture identification to your meeting with the trustee. | Russell Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) | |
| 2. | All other names you ha | | | |
| | Include your married or maiden names. | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-2594 | | |

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Case number (if known)

Debtor 1 Carmen M Russell

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs Where you live If Debtor 2 lives at a different address: 2181 W 171st St. Hazel Crest, IL 60429 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Cook County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

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Document Case number (if known) Debtor 1 Carmen M Russell

| Par | Tell the Court About | Your Ba | nkruptcy Ca | se | | | | | |
|-----|--|---|-----------------|---|-------------------|---------------------|--------------------------|---|--|
| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | | |
| | choosing to file under | Chapter 7 | | | | | | | |
| | | ☐ Cha | | | | | | | |
| | | | apter 12 | | | | | | |
| | | ☐ Cha | apter 13 | | | | | | |
| | | | | | | | | | |
| 8. | How you will pay the fee | | about how yo | u may pay. Typically, i attorney is submitting | f you are paying | the fee yourself, | you may pay with cash | local court for more details, cashier's check, or money a credit card or check with | |
| | | | | the fee in installmer e in Installments (Offic | | this option, sign | and attach the Applica | ation for Individuals to Pay | |
| | | | J | , | , | this option only if | vou are filing for Char | oter 7. By law, a judge may, | |
| | | k | out is not requ | uired to, waive your fee | e, and may do so | only if your incor | me is less than 150% of | of the official poverty line that his option, you must fill out | |
| | | | | | | | m 103B) and file it with | | |
| | | | | | | | | | |
| 9. | Have you filed for bankruptcy within the | □ No. | | | | | | | |
| | last 8 years? | ■ Yes | | N.D.II. 1.40 | 10 //- | =440440 | 0 | 40.4000 !! ! | |
| | | | District | NDIL ch13 | When | 5/12/16 | Case number | 16-16209 dismiss | |
| | | | District | NDIL Ch 13 | When | 12/17/15 | Case number | 15-42615 dismissed | |
| | | | District | | When | | Case number | | |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business | ■ No | | | | | | | |
| | partner, or by an | | | | | | | | |
| | affiliate? | | Debtor | | | | Relationship to y | OH | |
| | | | District | | When | | Case number, if | · | |
| | | | Debtor | - | | | Relationship to y | | |
| | | | District | | When | | Case number, if | | |
| | | | | | | | | | |
| 11. | Do you rent your | □ No. | Go to li | ne 12. | | | | | |
| | residence? | ■ Yes | Has yo | ur landlord obtained a | n eviction judgme | ent against you a | nd do you want to stay | in your residence? | |
| | | - 162 | | No. Go to line 12. | | - • | • | | |
| | | | _ | | itement About on | Eviction Judama | ant Against Vou /Earm | 101A) and file it with this | |
| | | | | bankruptcy petition. | nement About an | - Еминоп зиадте | an Ayamsi 100 (FORM | 101A) and file it with this | |

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| | Carmen W Russer | ! | | Case Hamber (# Mown) |
|-----|---|-----------------------|---|---|
| | | | | |
| Par | Report About Any Bu | sinesses | You Own as a Sole Propries | tor |
| 12. | Are you a sole proprietor of any full- or part-time business? | □ No. | Go to Part 4. | |
| | | Yes. | Name and location of bus | iness |
| | A sole proprietorship is a | | | |
| | business you operate as an individual, and is not a | | Carmen Marie Hair, Ir | nc |
| | separate legal entity such as a corporation, partnership, or LLC. | | Name of business, if any | |
| | If you have more than one | | 2128 W Van Buren St Chicago, IL 60612 | reet |
| | sole proprietorship, use a separate sheet and attach | | Number, Street, City, Stat | te & ZIP Code |
| | it to this petition. | | | x to describe your business: |
| | | | | ness (as defined in 11 U.S.C. § 101(27A)) |
| | | | ☐ Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | | ☐ Stockbroker (as d | efined in 11 U.S.C. § 101(53A)) |
| | | | ☐ Commodity Broke | r (as defined in 11 U.S.C. § 101(6)) |
| | | | ■ None of the above | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadline operation | s. If you indicate that you are | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure |
| | For a definition of small | ■ No. | I am not filing under Chap | oter 11. |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapter Code. | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy |
| | | ☐ Yes. | I am filing under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| Par | 4: Report if You Own or | Have Any | / Hazardous Property or An | y Property That Needs Immediate Attention |
| | Do you own or have any | ■ No. | ,,,, | , |
| | property that poses or is alleged to pose a threat | ■ No. | | |
| | of imminent and | ☐ Yes. | What is the hazard? | |
| | identifiable hazard to public health or safety? | | | |
| | Or do you own any | | M. Carrier Perforantia a Carrier | |
| | property that needs immediate attention? | | If immediate attention is needed, why is it needed? | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is the property? | Number Chart City Chat & 7% Onds |
| | | | | Number, Street, City, State & Zip Code |

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Debtor 1 Carmen M Russell

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

| About Debtor 2 (Spous | se Only in a Joint Case): |
|------------------------------|---------------------------|
|------------------------------|---------------------------|

You must check one:

Case number (if known)

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Deb | ctor 1 Carmen M Russel | l | | | Case number | (if known) | |
|-----|--|---|--|----------------------------------|---|---|--|
| Par | t 6: Answer These Quest | ions for Rep | orting Purposes | | | | |
| 16. | What kind of debts do you have? | | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." | | | | |
| | | ı | ☐ No. Go to line 16b. | | | | |
| | | 1 | Yes. Go to line 17. | | | | |
| | | | Are your debts primarily noney for a business or in | | | | |
| | | | ☐ No. Go to line 16c. | J | | | |
| | | I | ☐ Yes. Go to line 17. | | | | |
| | | 16c. | State the type of debts you | owe that are not consun | ner debts or business | s debts | |
| | | _ | | | | | |
| 17. | Are you filing under Chapter 7? | □ No. I | am not filing under Chapto | er 7. Go to line 18. | | | |
| | Do you estimate that after any exempt property is excluded and | | am filing under Chapter 7 are paid that funds will be a | | | erty is excluded and administrative expenses | |
| | administrative expenses | İ | No | | | | |
| | are paid that funds will be available for | I | ☐Yes | | | | |
| | distribution to unsecured creditors? | | | | | | |
| 18. | How many Creditors do | □ 1-49 | | 1 ,000-5,000 | | ☐ 25,001-50,000 | |
| | you estimate that you owe? | 50-99 | | □ 5001-10,000 |) | 5 0,001-100,000 | |
| | | ☐ 100-199 ☐ 200-999 | | ☐ 10,001-25,00 | 00 | ☐ More than100,000 | |
| | | 200-99 | , | _ | | | |
| 19. | How much do you estimate your assets to | \$0 - \$50 | | □ \$1,000,001 - | | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion | |
| | be worth? | □ \$50,001 - \$100,000 □ \$100,001 - \$500,000 | | | ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million | □ \$1,000,000,001 - \$10 billion | |
| | | | □ \$500,001 - \$1 million | | 1 - \$500 million | ☐ More than \$50 billion | |
| 20. | How much do you | □ \$0 - \$50 | 0,000 | □ \$1,000,001 - | · \$10 million | ☐ \$500,000,001 - \$1 billion | |
| | estimate your liabilities to be? | \$50,001 - \$100,000 | | \$10,000,001 | | □ \$1,000,000,001 - \$10 billion | |
| | | _ | 01 - \$500,000 | □ \$50,000,001 □ \$100,000,00 | | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | |
| | | \$500,00 | 01 - \$1 million | Δ ψ100,000,00 | - | - More than \$50 billion | |
| Par | t 7: Sign Below | | | | | | |
| For | you | I have exa | mined this petition, and I d | eclare under penalty of p | erjury that the inform | nation provided is true and correct. | |
| | | | | | | under Chapter 7, 11,12, or 13 of title 11, cose to proceed under Chapter 7. | |
| | | | ey represents me and I did I have obtained and read | | | an attorney to help me fill out this | |
| | | I request re | elief in accordance with the | e chapter of title 11, Unite | ed States Code, spec | ified in this petition. | |
| | | bankruptcy and 3571. | case can result in fines up | | | r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519, | |
| | | | en M Russell M Russell | | Signature of Debtor | 2 | |
| | | Signature | | | | _ | |
| | | Executed of | | | Executed on | | |
| | | | MM / DD / YYYY | | MM | / DD / YYYY | |

Debtor 1 Carmen M Russell Page 7 of 68 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Rupa Sanghani Signature of Attorney for Debtor | Date | May 4, 2017 MM / DD / YYYY |
|--|---------------|-------------------------------|
| Rupa Sanghani Printed name | | |
| Ross H Briggs Firm name | | |
| 1525 E 53rd St. Ste. 423 Chicago, IL 60615 | | |
| Number, Street, City, State & ZIP Code Contact phone 773-220-7007 | Email address | r-briggs@sbcglobal.net |
| IL#6300758 Bar number & State | Email audress | 1-Di igga @abogiobal.liet |

| | | DOCUM | <u>eni Pade 8 di b</u> | <u>.8</u> | • |
|---------------------|--------------------------|-------------------|------------------------|-----------|------------------------------------|
| Fill in this infor | rmation to identify your | case: | | | |
| Debtor 1 | Carmen M Russe | II | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States B | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | Check if this is an amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Pa | t 1: Summarize Your Assets | | |
|----|--|-------------|---------------------------|
| | | | assets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 3,235.59 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 3,235.59 |
| Pa | t 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 0.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 1,636.63 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 158,109.77 |
| | Your total liabilities | \$ | 159,746.40 |
| Pa | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 411.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 845.66 |
| Pa | Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other sc | hedules. |
| 7. | Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a | a persona | l, family, or |

Official Form 106Sum

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
| | 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. |

411.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Bort A on Colondala E/E compaths followings | Total c | laim |
|--|---------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 1,636.63 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 79,950.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 81,586.63 |

| | | Docume | nt Page 10 of 68 | _ |
|-----------------------|--|---------------------------------|---|---|
| Fill in this inforr | mation to identify your | case and this filing: | | |
| Debtor 1 | Carmen M Russe | | Lad Name | |
| Debtor 2 | First Name | Middle Name | Last Name | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States Ba | inkruptcy Court for the: | NORTHERN DISTRICT C | OF ILLINOIS | |
| Case number _ | | | | Check if this is an amended filing |
| | | | | |
| Official Fo | rm 106A/B | | | |
| Schedul | e A/B: Prop | perty | | 12/15 |
| think it fits best. B | e as complete and accur e space is needed, attach | ate as possible. If two married | nce. If an asset fits in more than one category, d people are filing together, both are equally re n. On the top of any additional pages, write you | sponsible for supplying correct |
| Part 1: Describe | Each Residence, Buildin | g, Land, or Other Real Estate | You Own or Have an Interest In | |
| 1. Do you own or h | nave any legal or equitab | le interest in any residence, b | ouilding, land, or similar property? | |
| ■ No. Go to Par | t 2. | | | |
| ☐ Yes. Where is | s the property? | | | |
| Part 2: Describe | Your Vehicles | | | |
| | | | icles, whether they are registered or not? le G: Executory Contracts and Unexpired Le | |
| 3. Cars, vans, tro | ucks, tractors, sport u | tility vehicles, motorcycle | s | |
| ■ No | | | | |
| ☐ Yes | | | | |
| | | | al vehicles, other vehicles, and accessorisels, snowmobiles, motorcycle accessories | ies |
| ■ No | | | | |
| ☐ Yes | | | | |
| | | | | |
| | | | ntries from Part 2, including any entries fo | |
| Part 3: Describe | Your Personal and Hous | sehold Items | | |
| | | table interest in any of the | e following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Examples: Ma □ No | | e, linens, china, kitchenware | 3 | |
| Yes. Desci | ride | | | |
| | | | | |

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

Yes. Describe.....

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Case number (if known) Document Debtor 1 Carmen M Russell \$250.00 Electronics 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No Yes. Describe..... Clothes \$200.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... \$50.00 Jewelry

13. Non-farm animals

Examples: Dogs, cats, birds, horses

■ No

☐ Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

■ No

☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$800.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

N

☐ Yes.....

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Case number (if known) Document Debtor 1 Carmen M Russell 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... 17.1. Savings **Chase Bank** \$20.25 **BMO Harris Bank** \$46.34 17.2. Checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ■ No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them...

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

27. Licenses, franchises, and other general intangibles

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|---------------------|---|-----------------------------|-----------------------------------|--|---|
| Debtor 1 | Carmen M Russell | | Document | Page 13 of 68 Case number (if known) | wn) |
| ☐ Yes | . Give specific information a | bout them | | | |
| Money or | r property owed to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ☐ No | efunds owed to you Give specific information ab | oout them, inc | cluding whether you alre | ady filed the returns and the tax years | |
| | | | itax refunds (may b liability) | e offset with prior | \$2,369.00 |
| ■ No | | 27 1 | usal support, child supp | ort, maintenance, divorce settlement, prop | erty settlement |
| Exam ■ No | ramounts someone owes ynples: Unpaid wages, disabilibenefits; unpaid loans Give specific information | ty insurance | | efits, sick pay, vacation pay, workers' cor | npensation, Social Security |
| | ests in insurance policies apples: Health, disability, or life | e insurance; ł | nealth savings account (| HSA); credit, homeowner's, or renter's ins | urance |
| ☐ Yes | . Name the insurance compa Com | any of each p pany name: | olicy and list its value. | Beneficiary: | Surrender or refund value: |
| If you some | nterest in property that is do are the beneficiary of a living one has died. Give specific information | | | ed surance policy, or are currently entitled to | receive property because |
| <i>Exam</i> ■ No | as against third parties, who sples: Accidents, employments. Describe each claim | | | it or made a demand for payment s to sue | |
| ■ No | contingent and unliquidat | ed claims of | every nature, includin | g counterclaims of the debtor and righ | s to set off claims |
| | inancial assets you did not | already list | | | |
| | . Give specific information | nur omtrice C | om Dort 4 including | ny ontrino for pozon you have attached | |
| | | | , | ny entries for pages you have attached | \$2,435.59 |
| Part 5: D | escribe Any Business-Related | Property You | Own or Have an Interest | In. List any real estate in Part 1. | |
| _ | own or have any legal or equi | table interest | in any business-related p | roperty? | |
| ☐ Yes. | Go to line 38. | | | | |

Official Form 106A/B Schedule A/B: Property page 4

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Case number (if known) Document Debtor 1 Carmen M Russell Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$0.00 57. Part 3: Total personal and household items, line 15 \$800.00 Part 4: Total financial assets, line 36 \$2,435.59 Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00

\$0.00

Copy personal property total

\$3,235.59

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Official Form 106A/B Schedule A/B: Property page 5

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Part 7: Total other property not listed, line 54

Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

Doc 1

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\$3,235.59

\$3,235.59

| | | I A A A III III . | 111 1 1111. 1.7 (1) (1) | |
|---|-------------------------|-------------------|-------------------------|--------------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Carmen M Russe | II | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number (if known) | | | | ☐ Check if this is an amended filing |
| | | | | amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption |
|---|-----------------------------------|---|--|
| Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| \$300.00 | • | \$300.00 | 735 ILCS 5/12-1001(b) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| \$250.00 | | \$250.00 | 735 ILCS 5/12-1001(b) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| \$200.00 | | \$200.00 | 735 ILCS 5/12-1001(a) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| \$50.00 | | \$50.00 | 735 ILCS 5/12-1001(b) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| \$20.25 | | \$20.25 | 735 ILCS 5/12-1001(b) |
| | | 100% of fair market value, up to | |
| | \$250.00 | \$200.00 \$20.25 \$20.25 | \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$250.00 \$250.00 \$250.00 \$200.00 \$200.00 \$300.00 \$200.00 \$200.00 \$300.00 \$250.00 \$250.00 \$200.00 \$200.00 \$300.00 \$250.00 \$250.00 \$300.00 \$250.00 \$300.00 \$250.00 \$250.00 \$30 |

Case 17-14134 Doc 1 Filed 05/04/17 Entered 05/04/17 17:21:07 Desc Main Document Page 16 of 68 Debtor 1 Carmen M Russell Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Checking: BMO Harris Bank** 735 ILCS 5/12-1001(b) \$46.34 \$46.34 Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit 2016 tax refunds (may be offset with 735 ILCS 5/12-1001(b) \$2,369.00 \$2,369.00 prior liability) Line from Schedule A/B: 28.1 100% of fair market value, up to any applicable statutory limit nt.)

| | | arry approadic statutory mine |
|----|--|-------------------------------------|
| 3. | e you claiming a homestead exemption of more than \$160,375? ubject to adjustment on 4/01/19 and every 3 years after that for cases file | d on or after the date of adjustmen |
| | No | |
| | Yes. Did you acquire the property covered by the exemption within 1,2 ☐ No | 15 days before you filed this case? |

Yes

| | | 17/7/11/11/ | <u> </u> | |
|---------------------|--------------------------|-------------------|-------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Carmen M Russe | II | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

| Fill in this info | rmation to identify your o | case: | | | | | |
|--|--|--|---|--|---|--|--|
| Debtor 1 | Carmen M Russel | ı | | | | | |
| Dahtan 0 | First Name | Middl | e Name Last Nam | ie | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middl | e Name Last Nam | ie | | | |
| United States B | ankruptcy Court for the: | NORTHE | RN DISTRICT OF ILLINOIS | | | | |
| Case number | | | | | | | |
| (if known) | | | | | | _ | if this is an |
| | | | | | | l amend | ed filing |
| Official For | | | | | | | |
| | | | e Unsecured Claim | | | | 12/15 |
| any executory co Schedule G: Exec Schedule D: Cred eft. Attach the Co name and case no | ntracts or unexpired leases cutory Contracts and Unexpi litors Who Have Claims Sect ontinuation Page to this pag umber (if known). | that could r ired Leases ured by Pro le. If you hav | creditors with PRIORITY claims a esult in a claim. Also list execute (Official Form 106G). Do not incli- perty. If more space is needed, co- ve no information to report in a Po- | ory contract ude any cre opy the Pai | ets on Schedule A/B: I editors with partially s rt you need, fill it out, | Property (Official For secured claims that a number the entries in | m 106A/B) and on re listed in the boxes on the |
| | All of Your PRIORITY Un | | | | | | |
| Do any credi No. Go to | itors have priority unsecured | ı claims aga | ainst you? | | | | |
| | Рап 2. | | | | | | |
| Yes. 2. List all of vo. | ur priority unsecured claims | s. If a credito | r has more than one priority unsecu | red claim 1 | ist the creditor separate | ly for each claim. For | each claim listed |
| identify what to possible, list to | type of claim it is. If a claim ha the claims in alphabetical orde | s both prioriter according | by and nonpriority amounts, list that to the creditor's name. If you have not, list the other creditors in Part 3. | claim here | and show both priority a | and nonpriority amount | s. As much as |
| (For an expla | nation of each type of claim, s | ee the instru | ctions for this form in the instruction | booklet.) | Total claim | Priority amount | Nonpriority amount |
| 2.1 Illinois | Department of Rever | nue | Last 4 digits of account number | 2594 | \$536.63 | \$536.63 | \$0.00 |
| 101 W | Creditor's Name est Jefferson St. gfield, IL 62702 | | When was the debt incurred? | 2012-2 | 013 | - | |
| | Street City State Zlp Code | | As of the date you file, the claim | is: Check | all that apply | | |
| Who incurr | red the debt? Check one. | | ☐ Contingent | | | | |
| Debtor 1 | only | | ☐ Unliquidated | | | | |
| Debtor 2 | ? only | | ☐ Disputed | | | | |
| Debtor 1 | and Debtor 2 only | | Type of PRIORITY unsecured cl | aim: | | | |
| ☐ At least | one of the debtors and anothe | er . | ☐ Domestic support obligations | | | | |
| ☐ Check if | f this claim is for a commun | nity debt | Taxes and certain other debts | - | - | | |
| _ | subject to offset? | | ☐ Claims for death or personal in | jury while y | ou were intoxicated | | |
| ■ No | | | Other. Specify | | | | |
| ☐ Yes | | | Income Ta | ixes | | | |
| | al Revenue Service Creditor's Name | | Last 4 digits of account number | 2594 | \$1,100.00 | \$1,100.00 | \$0.00 |
| PO Bo | x 21126 | | When was the debt incurred? | 2011-2 | 013 | _ | |
| | elphia, PA 19114 Street City State Zlp Code | | As of the date you file, the claim | is: Chook | all that apply | - | |
| | red the debt? Check one. | | ☐ Contingent | is. Check | ан шасарру | | |
| ■ Debtor 1 | only | | ☐ Unliquidated | | | | |
| Debtor 2 | , | | ☐ Disputed | | | | |
| _ | and Debtor 2 only | | Type of PRIORITY unsecured cla | aim: | | | |
| | and Debtor 2 only one of the debtors and anothe | ar. | ☐ Domestic support obligations | • | | | |
| _ | one or the debtors and anothe | | ■ Taxes and certain other debts | VOLLOWO the | a dovernment | | |
| | rthis claim is for a commun subject to offset? | nty u e bt | ☐ Claims for death or personal in | - | - | | |
| ■ No | • | | ☐ Other. Specify | | | | |
| ☐ Yes | | | Income Ta | ixes | | | |

Debtor 1 Carmen M Russell Document Page 19 of 68 Case number (if know)

| Pari | List All of Your NONPRIORITY Unsecu | red Claims | | | | |
|------|---|---|---------------------------|--|--|--|
| 3. I | Do any creditors have nonpriority unsecured claims | s against you? | | | | |
| l | ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules. | | | | | |
| 1 | Yes. | | | | | |
| 1 | unsecured claim, list the creditor separately for each claim | alphabetical order of the creditor who holds each claim. If a creditor has more tha aim. For each claim listed, identify what type of claim it is. Do not list claims already increditors in Part 3.If you have more than three nonpriority unsecured claims fill out the | cluded in Part 1. If more | | | |
| | 1 | | Total claim | | | |
| 4.1 | 4th Municipal District | Last 4 digits of account number 0193 | \$100.00 | | | |
| | Nonpriority Creditor's Name Clerk of Court 1500 Maybrook Drive Suite 236 Maywood, IL 60153-2485 | When was the debt incurred? 2016 | _ | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | No | □ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | ☐ Yes | Other. Specify ticket | | | | |
| 4.0 | 1 | 4000 | | | | |
| 4.2 | AT&T Nonpriority Creditor's Name | Last 4 digits of account number 4609 | \$290.31 | | | |
| | PO Box 5014 Carol Stream, IL 60197-5014 | When was the debt incurred? 2/2017 | _ | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | _ | | | | |
| | Debtor 1 only | Contingent | | | | |
| | Debtor 2 only | Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community debt | Student loans | | | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Yes | Other. Specify Internet | _ | | | |

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Case number (if know)

Debtor 1 Carmen M Russell 4.3 \$787.95 AT&T Mobility Last 4 digits of account number 5339 Nonpriority Creditor's Name c/o Credence Resource When was the debt incurred? 2017 Management LL PO Box 2390 Southgate, MI 48195-4390 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Alarm Services ☐ Yes 4.4 **Bank of America** \$1,000.00 Last 4 digits of account number 2594 Nonpriority Creditor's Name 100 N Tryon Street When was the debt incurred? 2016 Charlotte, NC 28255 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Bank fees Other. Specify 4.5 **Blue Cross Blue Shield** Last 4 digits of account number 2594 \$0.00 Nonpriority Creditor's Name 300 E. Randolph When was the debt incurred? 2015 Chicago, IL 60601 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Notice only Silver Cross Medical claim ☐ Yes

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Debtor 1 Carmen M Russell Case number (if know) 4.6 Capital One Last 4 digits of account number 3199 \$2,419.00 Nonpriority Creditor's Name Attn: Bankruptcy Opened 9/01/10 Last Active Po Box 30285 When was the debt incurred? 2/23/15 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes **Capital One** 4.7 Last 4 digits of account number 9118 \$1,027.00 Nonpriority Creditor's Name Attn: Bankruptcv Opened 6/01/12 Last Active Po Box 30285 When was the debt incurred? 2/23/15 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other. Specify 4.8 **Capital One Auto Finance** Last 4 digits of account number 1001 \$14,694.00 Nonpriority Creditor's Name Opened 9/01/14 Last Active 7933 Preston Rd When was the debt incurred? 6/26/15 Plano, TX 75024 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No 2015 Kia Optima 50,000 miles ☐ Yes Other Specify EX, 4 door, Needs 3,000 in repairs

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Debtor 1 Carmen M Russell Case number (if know) 4.9 \$0.00 Certgery Last 4 digits of account number 2594 Nonpriority Creditor's Name PO Box 30046 When was the debt incurred? Tampa, FL 33630 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Notice Only ☐ Yes 4.1 Chase Bank 0253 \$246.29 Last 4 digits of account number Nonpriority Creditor's Name Mail Code OH1-1272 When was the debt incurred? 2016 PO Box 182223 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed lacksquare At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Bank Fees 4.1 2594 **Chex System** \$0.00 Last 4 digits of account number Nonpriority Creditor's Name 7805 Hudson Rd. Ste 100 When was the debt incurred? Saint Paul, MN 55125 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Notice Only ☐ Yes

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Debtor 1 Carmen M Russell Case number (if know) 4.1 Citibank 9423 \$0.00 Last 4 digits of account number 2 Nonpriority Creditor's Name Citicorp Credit Srvs/: Centralized Opened 8/01/04 Last Active Bankr When was the debt incurred? 10/07/11 Po Box 790040 Saint Louis, MO 63179 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ■ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts T Yes Other. Specify **Notice Only** 4.1 Citibank/The Home Depot 2954 \$852.00 Last 4 digits of account number 3 Nonpriority Creditor's Name Citicorp Credit Srvs/Centralized Opened 8/01/12 Last Active **Bankrup** When was the debt incurred? 1/04/15 Po Box 790040 Saint Louis, MO 63179 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.1 City of Chicago 5855 \$3,158.58 Last 4 digits of account number Nonpriority Creditor's Name **Department of Finance** When was the debt incurred? 2015-2016 P.O. Box 88292 Chicago, IL 60680-1292 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Tickets ☐ Yes

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Debtor 1 Carmen M Russell Case number (if know) 4.1 City of Chicago 6230 \$1,443.00 Last 4 digits of account number 5 Nonpriority Creditor's Name **Department of Finance** When was the debt incurred? 2015-2016 P.O. Box 88292 Chicago, IL 60680-1292 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Parking Tickets ☐ Yes 4.1 City of Markham 1424 \$100.00 Last 4 digits of account number 6 Nonpriority Creditor's Name **Photo Enforcement Program** 2016 When was the debt incurred? 75 Remittance Drive Suite 6658 Chicago, IL 60675-6658 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Ticket 4.1 ComEd 3046 \$222.74 Last 4 digits of account number Nonpriority Creditor's Name PO Box 6111 When was the debt incurred? 2017 Carol Stream, IL 60197-6111 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Utility Bill ☐ Yes

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Debtor 1 Carmen M Russell Case number (if know) 4.1 \$103.00 **Credit Management** 4466 Last 4 digits of account number 8 Nonpriority Creditor's Name **Attention: Bankruptcy Dept** Opened 4/01/15 When was the debt incurred? Po Box 118288 Carrollton, TX 75011 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other, Specify Collection Attorney Comcast-Chicago ☐ Yes 4.1 Dept of Ed/Navient 0929 \$0.00 Last 4 digits of account number 9 Nonpriority Creditor's Name **Claims Dept** Opened 9/01/08 Last Active Po Box 9400 When was the debt incurred? 5/04/12 Wilkes-Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ☐ Other. Specify **Notice Only** 4.2 \$208.00 **Dupage Medical Group** 6625 Last 4 digits of account number Nonpriority Creditor's Name 15921 Collections Center Dr. When was the debt incurred? 2017 Chicago, IL 60693-0159 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Medical Other. Specify

Document Page 26 of 68 Debtor 1 Carmen M Russell Case number (if know) 4.2 Hillcrest Davidson & A 4237 \$1,456.00 Last 4 digits of account number Nonpriority Creditor's Name 715 N Glenville Dr Ste 4 When was the debt incurred? Opened 3/09/16 Richardson, TX 75081 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify 05 Protect America 4.2 **Illinois Tollway** 2594 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? P.O. Box 5201 Lisle, IL 60532 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Notice Only ☐ Yes 4.2 **Illinois Tollway Authority** 5855 \$5,409,30 Last 4 digits of account number Nonpriority Creditor's Name 2700 Ogden Ave When was the debt incurred? 2015 **Downers Grove, IL 60515** Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

■ Other. Specify Tollway violations

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Debtor 1 Carmen M Russell 4.2 **Ingalls Memorial Hospital** 5401 \$1,175.00 Last 4 digits of account number 4 Nonpriority Creditor's Name 1 Ingalls Drive When was the debt incurred? 2017 Harvey, IL 60426 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Medical 4.2 LVNV Funding 9118 \$1,028.00 Last 4 digits of account number Nonpriority Creditor's Name Po Box 10497 When was the debt incurred? **Opened 01/17** Greenville, SC 29603 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts **Factoring Company Account Capital One** ☐ Yes Other. Specify N.A. 4.2 **Merchants Credit** 3814 \$193.00 Last 4 digits of account number Nonpriority Creditor's Name 223 W Jackson Blvd When was the debt incurred? **Opened 12/16** Ste 700 Chicago, IL 60606 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts **Collection Attorney Dupage Medical Group** ☐ Yes Other. Specify

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Debtor 1 Carmen M Russell Case number (if know) 4.2 **Merchants Credit** 1138 \$193.00 Last 4 digits of account number Nonpriority Creditor's Name 223 W Jackson Blvd **Opened 01/17** When was the debt incurred? Ste 700 Chicago, IL 60606 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other, Specify Collection Attorney Dupage Medical Group ☐ Yes 4.2 Meridian Medical 2594 \$750.00 Last 4 digits of account number 8 Nonpriority Creditor's Name Silver Cross (Pavilion B) 2015 When was the debt incurred? 1870 Silver Cross Blvd Ste. 240 New Lenox, IL 60451 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical ☐ Yes 4.2 Midland Funding 7082 \$507.00 Last 4 digits of account number 9 Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? **Opened 01/16** Po Box 939069 San Diego, CA 92193 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No **Factoring Company Account Synchrony** ☐ Yes Other. Specify

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Case number (if know) Debtor 1 Carmen M Russell 4.3 **Midwest Emergency Associates** 8026 \$688.00 Last 4 digits of account number 0 Nonpriority Creditor's Name P.O. Box 740023 When was the debt incurred? 3/2017 Cincinnati, OH 45274-0023 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Medical 4.3 **Monterey Financial Svc** 1051 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 3/01/14 Last Active Po Box 5199 When was the debt incurred? 6/10/14 Oceanside, CA 92052 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Notice Only** Other. Specify 4.3 **Municipal Collection Services Inc** \$250.00 3531 Last 4 digits of account number Nonpriority Creditor's Name re: Village of Hazel Crest When was the debt incurred? 8/2016 **PO Box 327** Palos Heights, IL 60463-0327 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

Other, Specify

Tickets

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Debtor 1 Carmen M Russell Case number (if know) 4.3 Navient 0918 \$0.00 Last 4 digits of account number 3 Nonpriority Creditor's Name Attn: Claims Dept Opened 9/01/06 Last Active Po Box 9500 When was the debt incurred? 9/27/12 Wilkes-Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify **Notice Only** 4.3 Navy Fcu 5926 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 01/14 Last Active Po Box 3000 When was the debt incurred? 03/14 Merrifield, VA 22119 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Notice Only 4.3 **Navy Federal Cr Union** 7379 \$9,335.00 Last 4 digits of account number 5 Nonpriority Creditor's Name Opened 2/01/14 Last Active 820 Follin Ln Se When was the debt incurred? 12/24/14 Vienna, VA 22180 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Unsecured ☐ Yes

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■ No ☐ Yes

■ Other. Specify Credit Card

report as priority claims

 \square Obligations arising out of a separation agreement or divorce that you did not

Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

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Debtor 1 Carmen M Russell Penn Credit/Cook County Circuit 4.3 3597 \$156.00 9 Last 4 digits of account number Cou Nonpriority Creditor's Name 916 S 14th Street When was the debt incurred? 11/2016 PO Box 988 Harrisburg, PA 17108-0988 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts No ☐ Yes Tickets Other. Specify 4.4 **Peoples Gas** 0001 \$723.84 Last 4 digits of account number Nonpriority Creditor's Name 130 E. Randolph When was the debt incurred? 2017 Chicago, IL 60601 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Utility Bill 4.4 **Portfolio Recovery** 2954 \$852.00 Last 4 digits of account number Nonpriority Creditor's Name Po Box 41067 When was the debt incurred? **Opened 01/16** Norfolk, VA 23541 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other, Specify Factoring Company Account Citibank N.A. ☐ Yes

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Case number (if know) Debtor 1 Carmen M Russell 4.4 Sallie Mae 0918 \$0.00 Last 4 digits of account number 2 Nonpriority Creditor's Name Attn: Navient Opened 09/06 Last Active Po Box 9500 When was the debt incurred? 9/27/12 Wilkes-Barr, PA 18873 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify **Notice Only** 4.4 Silver Cross Hospital 2594 \$1,100.00 Last 4 digits of account number 3 Nonpriority Creditor's Name 1900 Silver Cross Blvd When was the debt incurred? 2015 New Lenox, IL 60451 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Medical Other. Specify 4.4 SIc Conduit I LIc 9427 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 9/01/06 Last Active 99 Garnsey Road When was the debt incurred? 10/07/11 Pittsford, NY 14534 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only □ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

Notice Only

Document Page 34 of 68 Case number (if know) Debtor 1 Carmen M Russell 4.4 \$200.00 South Holland Police Department 5855 Last 4 digits of account number 5 Nonpriority Creditor's Name PO Box 76975 When was the debt incurred? 2015 Cleveland, OH 44101 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Tickets 4.4 **Sprint Nextel Correspondence** 2594 \$2,850.00 Last 4 digits of account number 6 Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? 2015 PO Box 7949 Overland Park, KS 66207-0949 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify phone bill 4.4 Synchrony Bank/Home Design 5948 \$507.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 3/01/14 Last Active Po Box 103104 When was the debt incurred? 8/30/15 Roswell, GA 30076 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

■ Other. Specify Charge Account

lacksquare Debts to pension or profit-sharing plans, and other similar debts

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Carmen M Russell Case number (if know)

| DCDIO | Carmen w Russen | | Case Harriber (II know) | | | |
|-------|---|--|--|------------|--|--|
| 4.4 | Target | Last 4 digits of account number | 2594 | \$65.84 | | |
| | Nonpriority Creditor's Name PO Box 673 | When was the debt incurred? | 2015 | | | |
| | Minneapolis, MN 55440 | | 2010 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | Type of NONPRIORITY unsecured claim: | | | |
| | \square Check if this claim is for a community | ☐ Student loans | | | | |
| | debt | | aration agreement or divorce that you did not | | | |
| | Is the claim subject to offset? ■ No | report as priority claims Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | Yes | Other. Specify credit card | | | | |
| 4.4 | Telecheck | Last 4 digits of account number | 2594 | \$0.00 | | |
| | Nonpriority Creditor's Name 5251 Westheimer | When was the debt incurred? | | | | |
| | Houston, TX 77056 | mon was the dest meaned. | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | | | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | \square Check if this claim is for a community | ☐ Student loans | | | | |
| | debt | | aration agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | and the second section is a second section of the second section is a second section of the second section of the second section is a second section of the second section of the second section is a second section of the section of the second section of the second section of the section of the second section of the sect | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | | | | |
| | ☐ Yes | Other. Specify Notice Only | <u>/</u> | | | |
| 4.5 | The Hartford | Last 4 digits of account number | 1870 | \$1,241.92 | | |
| | Nonpriority Creditor's Name | _ | | | | |
| | PO Box 660916 Dallas, TX 75266-0916 | When was the debt incurred? | 2/2017 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | | | |
| | Who incurred the debt? Check one. | • | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt | | aration agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | ☐ Yes | Other. Specify Insurance | | | | |

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Case number (if know)

| DCDIO | Carmen w Russen | | Case Hamber (II know) | |
|----------|---|--|---|-------------|
| 4.5 1 | TimePayment Corp | Last 4 digits of account number | 2594 | \$2,000.00 |
| | Nonpriority Creditor's Name 1600 District Ave #200 Burlington, MA 01803 | When was the debt incurred? | 2016 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | ng plans, and other similar debts | |
| | ☐ Yes | Other. Specify | | |
| 4.5 | US Bank Corporation | Last 4 digits of account number | 2594 | \$200.00 |
| 2 | Nonpriority Creditor's Name | | | |
| | PO Box 5220 | When was the debt incurred? | 2016 | |
| | Cincinnati, OH 45201 Number Street City State Zlp Code | As of the data you file the plaim | in Ohada Habataan | |
| | Who incurred the debt? Check one. | As of the date you file, the claim | s: Cneck all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Bank fee | | |
| 4.5 | Us Dept of Ed/Great Lakes Ed | Last 4 digits of account number | 9581 | \$0.00 |
| | Nonpriority Creditor's Name | _ | | |
| | 2401 International | | Opened 5/01/12 Last Active | |
| | Madison, WI 53704 | When was the debt incurred? | 11/30/15 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt | | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify | | |
| | | notice only | | |

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| Debt | or 1 Carmen M Russell | —————————————————————————————————————— | Case number (if know) | | | |
|----------|--|---|---|-------------|--|--|
| 4.5 4 | Us Dept Of Ed/Great Lakes Higher Educati | Last 4 digits of account number | 9581 | \$60,200.00 | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy 2401 International Lane Madison, WI 53704 | When was the debt incurred? | Opened 05/12 Last Active 3/31/17 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | | | |
| | Who incurred the debt? Check one. | П | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | d alaim. | | | |
| | At least one of the debtors and another | <u></u> ' | a Claiiii. | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | Student loans Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | |
| | No | Debts to pension or profit-sharin | a plans, and other similar debts | | | |
| | | | g plans, and other similar debts | | | |
| | ☐ Yes | Other. Specify | .1 | | | |
| | | Educationa | ll | | | |
| 4.5 5 | Us Dept Of Ed/Great Lakes Higher Educati | Last 4 digits of account number | 8581 | \$19,750.00 | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy 2401 International Lane Madison, WI 53704 | When was the debt incurred? | Opened 09/15 Last Active 3/31/17 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | | | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | Yes | Other. Specify | | | | |
| | | Educationa | l | | | |
| 4.5 6 | USAA Bank | Last 4 digits of account number | 2594 | \$250.00 | | |
| | Nonpriority Creditor's Name 9800 Fredericksburg Road San Antonio, TX 78288 | When was the debt incurred? | 2016 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | and Debtor 2 only Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | | | |
| | No. | Debts to pension or profit-sharin | g plans, and other similar debts | | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

☐ Yes

■ Other. Specify Bank fees

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

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Debtor 1 Carmen M Russell

| have more than one creditor for any of the debts to notified for any debts in Parts 1 or 2, do not fill ou | | dditional creditors here. If you do not have additional persons to be |
|--|--|--|
| Name and Address Arnold Scott Harris P.C. c/o Arnold Scott Harris P.C. 111 W Jackson Blvd. Ste. 600 | On which entry in Part 1 or Part 2 did the Line 4.14 of (Check one): | you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Chicago, IL 60604 | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 did y | you list the original creditor? |
| AT&T Mobility PO Box 6416 | Line 4.3 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| Carol Stream, IL 60197-6416 | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address AT&T U-Verse c/o Sunrise Credit Services Inc. PO Box 9100 Farmingdale, NY 11735-9100 | On which entry in Part 1 or Part 2 did y Line 4.2 of (<i>Check one</i>): | □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | 1616 |
| Name and Address Capital One Services, LLC c/o Sherman Originators III, LLC PO Box 10497 Croonville, SC 20603 | On which entry in Part 1 or Part 2 did y Line 4.7 of (Check one): | you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Greenville, SC 29603 | Last 4 digits of account number | |
| Name and Address Citibank N.A./THD c/o Portfolio Recovery Associates, PO Box 12914 | On which entry in Part 1 or Part 2 did the Line 4.13 of (Check one): | you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Norfolk, VA 23541 | Last 4 digits of account number | 2954 |
| Name and Address Dupage Medical Group c/o Merchants Credit Guide Co 223 W. Jackson Blvd. | On which entry in Part 1 or Part 2 did y Line 4.20 of (<i>Check one</i>): | you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Chicago, IL 60606 | Last 4 digits of account number | 3814 |
| Name and Address | On which entry in Part 1 or Part 2 did | vou list the original creditor? |
| Illinois Department of Revenue | Line <u>2.1</u> of (<i>Check one</i>): | Part 1: Creditors with Priority Unsecured Claims |
| c/o Linebarger Goggan Blair & Samps P.O. Box 06152 | | ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| Chicago, IL 60606-0512 | Last 4 digits of account number | 5600 |
| Name and Address Illinois Tollway Authority c/o Harris & Harris 111 West Jackson Blvd Suite 400 | On which entry in Part 1 or Part 2 did y Line 4.23 of (<i>Check one</i>): | you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Chicago, IL 60604-4135 | Last 4 digits of account number | 2325 |
| Name and Address LVNV Funding LLC/Capital One NA c/o Credit Control, LLC 5757 Phantom Dr. Ste. 330 Hazelwood, MO 63042 | On which entry in Part 1 or Part 2 did y Line 4.7 of (Check one): | you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| · | Last 4 digits of account number | 2074 |
| Name and Address Village of Hazel Crest 3000 W 170th PI | On which entry in Part 1 or Part 2 did y Line 4.32 of (<i>Check one</i>): | you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| | | — Tart 2. Creditors with Montphority Offsecured Claims |

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Debtor 1 Carmen M Russell

Hazel Crest, IL 60429

Last 4 digits of account number

5855

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|---|-----|------------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 1,636.63 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 1,636.63 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 79,950.00 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 78,159.77 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 158,109.77 |

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| | | 17(7(4)1111) | <u> </u> | |
|---------------------|--------------------------|-------------------|-------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Carmen M Russe | II | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 TimePayment
16 New Executive Parkway
Burlington, MA 01803

State what the contract or lease is for

Carmen Marie Hair Inc and debtor entered into an equipment lease of 36 mos, payable at \$202 per month.

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| | | Documen | t Page 41 of 68 | |
|--|---|--|---|--|
| Fill in th | is information to identify you | case: | | |
| Debtor 1 | Carmen M Russ | ell | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, t | iling) First Name | Middle Name | Last Name | |
| United S | tates Bankruptcy Court for the: | NORTHERN DISTRICT C | OF ILLINOIS | |
| Case nui | mher | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| Officia | al Form 106H | | | |
| | dule H: Your Cod | lebtors | | 12/15 |
| ill it out, your nam 1. Do No Your 2. W | and number the entries in the eand case number (if known o you have any codebtors? (if seconds) | e boxes on the left. Attach to a line of the left of t | he Additional Page to this page to this page to this page on not list either spouse as a code | nunity property states and territories include |
| ■ N | o. Go to line 3. | | | |
| ☐ Ye | es. Did your spouse, former spo | ouse, or legal equivalent live | with you at the time? | |
| in lir Forn | ne 2 again as a codebtor only | if that person is a guaranto | or or cosigner. Make sure you | pouse is filing with you. List the person shown have listed the creditor on Schedule D (Official Schedule D, Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and 2 | ZIP Code | | mn 2: The creditor to whom you owe the debt ck all schedules that apply: |
| 3.1 | Carmen Marie Hair inc 2128 W Van Buren Chicago, IL 60612 | | □ Sc □ Sc | chedule D, line chedule E/F, line chedule G ePayment |

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| | | | | | | • | | | | |
|--------------------|--|---|--|------------------------|----------------|---------------------|-------------------------|---------------------------|------------------------------|-----------------|
| Fill | in this information to identify you | ur case: | | | | | | | | |
| Del | otor 1 Carmen I | M Russell | | | _ | | | | | |
| | otor 2 ouse, if filing) | | | | _ | | | | | |
| Uni | ted States Bankruptcy Court for | the: NORTHERN DISTRIC | CT OF ILLINOIS | | _ | | | | | |
| | se number nown) | | - | | | □ A | | ed filing ent showin | g postpetition | |
| 0 | fficial Form 106I | | | | | _ | | | bllowing date: | |
| | chedule I: Your In | come | | | | N | 1M / DD/ Y | YYYY | | 12/15 |
| sup spo atta | as complete and accurate as p plying correct information. If y use. If you are separated and ch a separate sheet to this for tt: | ou are married and not fili your spouse is not filing w m. On the top of any additi | ng jointly, and your ith you, do not inclu | spouse i ude inforr | s liv natio | ing with on abou | you, incl t your spo | ude inforn ouse. If mo | nation about ore space is | your needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | | Debtor 2 | 2 or non-fi | ling spouse | |
| | If you have more than one job | Employment status | ■ Employed | | | | ☐ Empl | oyed | | |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | ☐ Not employed | | | ☐ Not e | mployed | | |
| | employers. | Occupation | Self Employed- | -Hair Sty | list | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | | | | | | | | |
| | Occupation may include stude or homemaker, if it applies. | ent Employer's address | | | | | | | | |
| | | How long employed t | here? 10yrs | | | | _ | | | |
| Esti | mate monthly income as of thuse unless you are separated. | | you have nothing to I | report for | any | ine, write | e \$0 in the | space. Inc | clude your nor | n-filing |
| • | u or your non-filing spouse have e space, attach a separate shee | | ombine the information | on for all e | mplo | oyers for | that perso | on on the li | nes below. If y | you need |
| | | | | | | For Del | otor 1 | | btor 2 or ng spouse | |
| 2. | List monthly gross wages, s deductions). If not paid month | • | , , | 2. | \$ | | 0.00 | \$ | N/A | |
| 3. | Estimate and list monthly ov | vertime pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Ad | d line 2 + line 3. | | 4. | \$ | | 0.00 | \$ | N/A | |

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| Deb | tor 1 | Carmen M Russell | - | Case | number (if know | n) | | | | |
|-----|---------------|---|------------|-----------|-----------------|---------|------|-----------|------------------|-------------|
| | | | | | Debtor 1 | | | ebtor 2 d | use | |
| | Сор | y line 4 here | 4. | \$_ | 0.0 | 0 | \$ | | N/A | |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 0.0 | 0 | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | | 0.0 | | \$ | | N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.0 | | \$ | | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.0 | 0 | \$ | | N/A | |
| | 5e. | Insurance | 5e. | \$ | 0.0 | 0 | \$ | | N/A | |
| | 5f. | Domestic support obligations | 5f. | \$_ | 0.0 | 0 | \$ | | N/A | |
| | 5g. | Union dues | 5g. | \$_ | 0.0 | | \$ | | N/A | |
| | 5h. | Other deductions. Specify: | 5h | + \$_ | 0.0 | 0 - | + \$ | | N/A | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$_ | 0.0 | 0 | \$ | | N/A | |
| 7. | Cald | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$_ | 0.0 | 0 | \$ | | N/A | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | 0.0 | ¢ | 444.0 | | ¢. | | NI/A | |
| | 8b. | monthly net income. Interest and dividends | 8a. 8b. | \$_ \$ | 411.0 | | \$ | | N/A N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce | | Ψ_ | 0.0 | <u></u> | Ψ | | IN/A | |
| | | settlement, and property settlement. | 8c. | \$ | 0.0 | 0 | \$ | | N/A | |
| | 8d. | Unemployment compensation | 8d. | \$ | 0.0 | 0 | \$ | | N/A | |
| | 8e. | Social Security | 8e. | \$_ | 0.0 | 0 | \$ | | N/A | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$_ | 0.0 | | \$ | | N/A | |
| | 8g. | Pension or retirement income | 8g. | \$_ | 0.0 | | \$ | | N/A | |
| | 8h. | Other monthly income. Specify: | 8h | + \$_ | 0.0 | 0 + | · | | N/A | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 411.0 | 0 | \$ | | N/A | |
| 10. | Cald | culate monthly income. Add line 7 + line 9. | 10. \$ | ; | 411.00 + | \$ | | N/A = | \$ | 411.00 |
| | Add | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | | | | | | |
| 11. | Inclu othe | e all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify: | deper | | | | • | | \$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies | | | | | | 12. \$ | | 411.00 |
| | | | | | | | | _ | ombine onthly | d income |
| 13. | Do y | you expect an increase or decrease within the year after you file this form No. Yes. Explain: | ? | | | | | | | |

Official Form 106I Schedule I: Your Income page 2

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| Fill | in this information to identify your case: | | | | |
|-------------|--|--------------------------|------------------|--|---|
| Deb | otor 1 Carmen M Russell | | Chec | k if this is: | |
| | | | _ | An amended filing | |
| | ouse, if filing) | | | A supplement shov 13 expenses as of | ving postpetition chapter the following date: |
| Unite | ted States Bankruptcy Court for the: NORTHERN DISTRICT OF IL | LINOIS | _ | MM / DD / YYYY | |
| | | | | | |
| 1 | e number nown) | | | | |
| Of | fficial Form 106J | | | | |
| | chedule J: Your Expenses | | | | 12/1 |
| info | as complete and accurate as possible. If two married people ormation. If more space is needed, attach another sheet to t mber (if known). Answer every question. | | | | |
| Part | | | | | |
| 1. | Is this a joint case? | | | | |
| | ■ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household? | | | | |
| | □ No | | | | |
| | ☐ Yes. Debtor 2 must file Official Form 106J-2, Experi | nses for Separate House | ehold of Debt | or 2. | |
| 2. | Do you have dependents? ☐ No | | | | |
| | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent | • | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | □ No |
| | dependents names. | Daughter | | 2yrs | Yes |
| | | | | | □ No □ Yes |
| | | - | | | □ No |
| | | | | | ☐ Yes |
| | | | | | □ No |
| 3. | Do your expenses include ■ No | | | | ☐ Yes |
| 5. | expenses of people other than yourself and your dependents? | | | | |
| | yoursell and your dependents? | | | | |
| Esti exp | t 2: Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unless benses as of a date after the bankruptcy is filed. If this is a solicable date. | | | | |
| the | lude expenses paid for with non-cash government assistand value of such assistance and have included it on <i>Schedule</i> ficial Form 106I.) | | | Your expo | enses |
| , | · | | | | |
| 4. | The rental or home ownership expenses for your residence payments and any rent for the ground or lot. | e. Include first mortgag | e 4. \$ | | 0.00 |
| | If not included in line 4: | | | | |
| | 4a. Real estate taxes | | 4a. \$ | | 0.00 |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. \$ | | 0.00 |
| | 4c. Home maintenance, repair, and upkeep expenses4d. Homeowner's association or condominium dues | | 4c. \$ 4d. \$ | | 0.00 |
| 5. | Additional mortgage payments for your residence, such as | s home equity loans | 4u. ֆ 5. \$ | | 0.00 |

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| Deptor 1 | Carmen M Russell | Case num | ber (if known) | |
|------------------|--|--------------|----------------|------------------------|
| 6. Util i | ties: | | | |
| 6a. | Electricity, heat, natural gas | 6a. | \$ | 200.00 |
| 6b. | Water, sewer, garbage collection | 6b. | · · | 0.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 105.00 |
| 6d. | Other. Specify: | 6d. | \$ | 0.00 |
| | d and housekeeping supplies | 7. | \$ | 214.00 |
| | dcare and children's education costs | 8. | \$ | 0.00 |
| | hing, laundry, and dry cleaning | 9. | \$ | 0.00 |
| | sonal care products and services | 10. | · · | |
| | · | | · | 0.00 |
| | ical and dental expenses | 11. | \$ | 0.00 |
| | nsportation. Include gas, maintenance, bus or train fare. | 12. | \$ | 100.00 |
| | ertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| | | 14. | \$ | 50.00 |
| | ritable contributions and religious donations | 14. | Ф | 50.00 |
| 5. Insu | nation include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | Life insurance | 15a. | \$ | 0.00 |
| | Health insurance | 15a. 15b. | · · | 0.00 |
| | Vehicle insurance | | * | |
| | | 15c. | \$ | 0.00 |
| | Other insurance. Specify: | 15d. | \$ | 0.00 |
| | es. Do not include taxes deducted from your pay or included in lines 4 or 20. | 40 | Φ. | 4=0.00 |
| | Taxes on 1099 income | 16. | \$ | 176.66 |
| | allment or lease payments: | 47- | Φ. | 2.00 |
| | Car payments for Vehicle 1 | 17a. | | 0.00 |
| | Car payments for Vehicle 2 | 17b. | · | 0.00 |
| | Other. Specify: | 17c. | * | 0.00 |
| | Other. Specify: | 17d. | \$ | 0.00 |
| | r payments of alimony, maintenance, and support that you did not report a | | ф | 0.00 |
| | ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | . 18. | \$ | |
| | er payments you make to support others who do not live with you. | | \$ | 0.00 |
| Spe | | 19. | _ | |
| | er real property expenses not included in lines 4 or 5 of this form or on Sch | | | |
| | Mortgages on other property | 20a. | | 0.00 |
| | Real estate taxes | 20b. | · | 0.00 |
| | Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 20d | Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| 20e | Homeowner's association or condominium dues | 20e. | \$ | 0.00 |
| . Oth | er: Specify: | 21. | +\$ | 0.00 |
| | | | | |
| | culate your monthly expenses | | • | |
| | Add lines 4 through 21. | | \$ | 845.66 |
| 22b | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| 22c. | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 845.66 |
| 0-1 | udete verm meentlelis met in eems | | | |
| | culate your monthly net income. | 00- | Φ. | 444.00 |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | · - | 411.00 |
| 23b | Copy your monthly expenses from line 22c above. | 23b. | -\$ | 845.66 |
| 00- | Cubtract your monthly avanage from | | | |
| 23c. | Subtract your monthly expenses from your monthly income. | 23c. | \$ | -434.66 |
| | The result is your monthly net income. | 200. | Ψ | |
| 4. Do v | ou expect an increase or decrease in your expenses within the year after y | ou file this | form? | |
| | example, do you expect to finish paying for your car loan within the year or do you expect you | | | or decrease because of |
| | fication to the terms of your mortgage? | 9~90 | , | |
| | | | | |
| | | | | |
| 111 | es l'explain nele. | | | |

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| Fill in this infor | mation to identify your | case: | | | |
|-------------------------------------|---|--------------------------|-----------------------------|--------------------------|--|
| Debtor 1 | Carmen M Russe | | | | |
| 20010 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRIC | T OF ILLINOIS | | |
| Case number (if known) | | | | | ☐ Check if this is an amended filing |
| Official Forr Declarat | | ın Individua | l Debtor's So | chedules | 12/15 |
| obtaining mone years, or both. 1 | | n connection with a ban | | | nent, concealing property, or , or imprisonment for up to 20 |
| Did you pa | y or agree to pay some | one who is NOT an atto | rney to help you fill out b | oankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. I | Name of person | | | | uptcy Petition Preparer's Notice, and Signature (Official Form 119) |
| • | alty of perjury, I declare true and correct. | that I have read the sun | nmary and schedules file | ed with this declaration | and |
| X /s/ Car | men M Russell | | X | | |
| | n M Russell | | Signature of | Debtor 2 | |

Date

Signature of Debtor 1

Date May 4, 2017

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| | in this inform | nation to identify you | | | | |
|-------------------|----------------------------|--|--|---|---|---|
| | | | | | | |
| De | btor 1 | Carmen M Russ First Name | Middle Name | Last Name | | |
| | btor 2 buse if, filing) | First Name | Middle Name | Last Name | | |
| Un | ited States Bar | nkruptcy Court for the: | NORTHERN DISTRICT O | OF ILLINOIS | | |
| | se number | | | | _ | Check if this is an mended filing |
| St Be a | as complete a | of Financial | attach a separate sheet to | are filing together, both are | ankruptcy equally responsible for sup additional pages, write you | |
| | <u> </u> | | arital Status and Where You | Lived Before | | |
| 1. | What is your | current marital statu | ıs? | | | |
| | ☐ Married ■ Not marr | ried | | | | |
| 2. | During the la | ıst 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No □ Yes. List | t all of the places you l | ived in the last 3 years. Do no | ot include where you live now | : | |
| | Debtor 1 Pri | or Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| 3. stat | | | | | ity property state or territor co, Texas, Washington and V | |
| | ■ No □ Yes. Ma | ke sure you fill out <i>Scl</i> | nedule H: Your Codebtors (Of | fficial Form 106H). | | |
| Pa | rt 2 Explain | n the Sources of You | r Income | | | |
| 4. | Fill in the tota | I amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part- | | ndar years? |
| | □ No ■ Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ☐ Wages, commissions, bonuses, tips | \$2,222.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | Operating a business | | ☐ Operating a business | |

Official Form 107

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Case number (if known) Debtor 1 Carmen M Russell

| | | | | Debtor 1 | | Debtor 2 | | |
|----|---|--|--|--|---|--|---------------------------|---|
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inco | | Gross income (before deductions and exclusions) |
| | For last calendar year: (January 1 to December 31, 2016) | | ☐ Wages, commissions, bonuses, tips | \$15,005.00 | ☐ Wages, commonute bonuses, tips | missions, | | |
| | | | | Operating a business | | ☐ Operating a b | ousiness | |
| | or the calend anuary 1 to | | | ☐ Wages, commissions, bonuses, tips | \$2.00 | ☐ Wages, common bonuses, tips | missions, | |
| | | | | Operating a business | | ☐ Operating a b | ousiness | |
| 5. | Include include and other winnings. List each s | come regard public benef If you are fili | lless of wheth fit payments; ing a joint cas the gross inco | e during this year or the two her that income is taxable. Exa pensions; rental income; inter se and you have income that y ome from each source separate | amples of other income are rest; dividends; money colle ou received together, list it | alimony; child suppo ected from lawsuits; r only once under De | royalties; and btor 1. | |
| | | | | Debtor 1 | | Debtor 2 | | |
| | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of inco Describe below. | | Gross income (before deductions and exclusions) |
| | or the calend anuary 1 to | | | | \$0.00 | | | |
| | | O antala Da | | Mada Bafana Van Ellad fan l | D 1 4 | | | |
| | | | • | Made Before You Filed for | | | | |
| 6. | □ No. | Neither De | ebtor 1 nor D | 's debts primarily consumer Debtor 2 has primarily consupersonal, family, or household | imer debts. Consumer del | ots are defined in 11 | U.S.C. § 10 | 1(8) as "incurred by an |
| | | During the | 90 days befo | re you filed for bankruptcy, di | d you pay any creditor a tot | al of \$6,425* or mor | e? | |
| | | □ Yes | paid that cr | each creditor to whom you pai editor. Do not include paymer payments to an attorney for the | nts for domestic support obl | | | |
| | | * Subject | | t on 4/01/19 and every 3 years | | n or after the date of | adjustment | |
| | Yes. | | | r both have primarily consure you filed for bankruptcy, di | | al of \$600 or more? | | |
| | | ■ No. | Go to line 7 | | | | | |
| | | ☐ Yes | include pay | each creditor to whom you pai ments for domestic support of this bankruptcy case. | | | | |
| | Creditor' | s Name and | d Address | Dates of payme | nt Total amount | Amount you still owe | Was this p | payment for |

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| 7. | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. | | | | | | |
|-----|---|--|----------------------|----------------------|--------------------------------|-----------------------|--|
| | NoYes. List all payments to an insider. | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for the | his payment | |
| 8. | Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cos No | | ments or transfer a | ny property on a | ecount of a det | ot that benefited an | |
| | ☐ Yes. List all payments to an insider | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for the Include credite | | |
| Par | t 4: Identify Legal Actions, Repossession | s, and Foreclosures | | | | | |
| 9. | Within 1 year before you filed for bankruptor. List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. | | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of the | case | |
| 10. | Within 1 year before you filed for bankrupte Check all that apply and fill in the details below ☐ No. Go to line 11. ☐ Yes. Fill in the information below. | | erty repossessed, f | oreclosed, garnis | hed, attached, | seized, or levied? | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the property | |
| | | Explain what happened | I | | | p. op oy | |
| | City of Chicago Department of Finance | 2015 Kia Optima | | 5/7/2 | 016 | \$18,700.00 | |
| | P.O. Box 88292 | ☐ Property was reposse | ssed. | | | | |
| | Chicago, IL 60680-1292 | ☐ Property was foreclosed. ☐ Property was garnished. | | | | | |
| | | ■ Property was attached | d, seized or levied. | | | | |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment bec. No Yes. Fill in the details. | ause you owed a debt? | | | | · | |
| | Creditor Name and Address | Describe the action the | creditor took | taken | action was | Amount | |
| 12. | Within 1 year before you filed for bankrupte court-appointed receiver, a custodian, or a ■ No □ Yes | | erty in the possess | on of an assigne | e for the benef | it of creditors, a | |

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| Pai | t 5: List Certain Gifts and Contributions | 1 | | | | | | |
|-----|--|--|---|--------------------------|--|--|--|--|
| 13. | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ■ No □ Yes. Fill in the details for each gift. | | | | | | | |
| | Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and | Describe the gifts | Dates you gave the gifts | Value | | | | |
| | Address: | | | | | | | |
| 14. | Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift or co | ptcy, did you give any gifts or contributions with a tota | al value of more than | \$600 to any charity? | | | | |
| | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | Describe what you contributed | Dates you contributed | Value | | | | |
| Pa | t 6: List Certain Losses | | | | | | | |
| 15. | Within 1 year before you filed for bankrup or gambling? No Yes. Fill in the details. | tcy or since you filed for bankruptcy, did you lose any | thing because of thef | t, fire, other disaster, | | | | |
| | Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost | | | | |
| Pa | t 7: List Certain Payments or Transfers | | | | | | | |
| 16. | consulted about seeking bankruptcy or p | tcy, did you or anyone else acting on your behalf pay or reparing a bankruptcy petition? eparers, or credit counseling agencies for services require | | ty to anyone you | | | | |
| | □ No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | | | |
| | Ross H Briggs 1525 E 53rd St. Ste. 423 Chicago, IL 60615 firm13chicago@gmail.com | Attorney Fees | 5/12/16 | \$185.00 | | | | |
| | Ross H Briggs 1525 E 53rd St. Ste. 423 Chicago, IL 60615 r-briggs@sbcglobal.net | Attorney Fees | 5/2017 | \$349.00 | | | | |

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Case number (if known) Debtor 1 Carmen M Russell

| 17. | Within 1 year before you filed for bankruptcy promised to help you deal with your credito. Do not include any payment or transfer that you No Yes. Fill in the details. | rs or to make paymen | | | or transfer any prope | erty to anyone who |
|-----|--|--|---|-----------------|---|---|
| | Person Who Was Paid Address | Description and transferred | value of any pro | perty | Date payment or transfer was made | Amount of payment |
| 18. | Within 2 years before you filed for bankrupte transferred in the ordinary course of your be include both outright transfers and transfers mainclude gifts and transfers that you have alread No Yes. Fill in the details. | usiness or financial af ade as security (such as | fairs? the granting of a | | | |
| | Person Who Received Transfer Address | Description and property transfe | | | any property or s received or debts xchange | Date transfer was made |
| 19. | Person's relationship to you Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro No Yes. Fill in the details. | | iny property to a | self-settled tr | rust or similar device | of which you are a |
| | Name of trust | Description and | value of the prop | perty transfer | red | Date Transfer was made |
| Pai | t 8: List of Certain Financial Accounts, Ins | struments, Safe Depos | sit Boxes, and Sto | orage Units | | maao |
| 20. | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, association. | or other financial acco | unts; certificates | of deposit; s | | |
| | Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account instrument | cl m | ate account was osed, sold, oved, or ansferred | Last balance before closing or transfer |
| | Chase Bank 1200 N. Dearborn Chicago, IL 60610 | xxxx- | ■ Checking □ Savings □ Money Marl □ Brokerage □ Other | 1′ | 1/2016 | \$0.00 |
| 21. | cash, or other valuables? | ear before you filed fo | or bankruptcy, an | y safe depos | it box or other depos | itory for securities, |
| | ☐ Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had ac Address (Number, State and ZIP Code) | | Describe the | contents | Do you still have it? |

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| Deb | otor 1 | Carmen M Russell | | Cas | se number (<i>if known</i>) | |
|----------|---|---|---|--------|------------------------------------|-----------------------|
| 22. | _ | you stored property in a storage unit or p | lace other than your home within 1 | 1 yea | r before you filed for bankruptcy | ? |
| | | No Yes. Fill in the details. | | | | |
| | Nam | te of Storage Facility ress (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Des | scribe the contents | Do you still have it? |
| Par | t 9: | Identify Property You Hold or Control for | Someone Else | | | |
| 23. | | ou hold or control any property that someo | one else owns? Include any proper | rty yo | ou borrowed from, are storing for | , or hold in trust |
| | _ | No Yes. Fill in the details. | | | | |
| | - | ner's Name ress (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Des | scribe the property | Value |
| Par | t 10: | Give Details About Environmental Inform | ation | | | |
| For | the pu | rpose of Part 10, the following definitions | apply: | | | |
| | toxic regul Site r to ow Haza | ronmental law means any federal, state, or substances, wastes, or material into the a ations controlling the cleanup of these su means any location, facility, or property as rn, operate, or utilize it, including disposal rdous material means anything an environ | iir, land, soil, surface water, ground bstances, wastes, or material. defined under any environmental sites. Imental law defines as a hazardous | dwat | er, or other medium, including st | atutes or |
| . | | rdous material, pollutant, contaminant, or | | 41 | | |
| · | | notices, releases, and proceedings that young | | | | antal law? |
| - | _ | , , | a may be hable of potentially hable | unu | or or in violation of an environme | cittai iaw : |
| | | No Yes. Fill in the details. | | | | |
| | | re of Site ress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | ıd | Environmental law, if you know it | Date of notice |
| 25. | Have | you notified any governmental unit of any | release of hazardous material? | | | |
| | | No | | | | |
| | | Yes. Fill in the details. | | | | |
| | | e of site ress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | ıd | Environmental law, if you know it | Date of notice |
| 26. | Have | you been a party in any judicial or admini | strative proceeding under any env | ironn | nental law? Include settlements a | and orders. |
| | | No Yes. Fill in the details. | | | | |
| | | e Title e Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nat | ture of the case | Status of the case |
| Par | t 11: | Give Details About Your Business or Con | nections to Any Business | | | |
| 27. | Withi | n 4 years before you filed for bankruptcy, | did you own a business or have ar | ny of | the following connections to any | / business? |
| | | A sole proprietor or self-employed in a | trade, profession, or other activity | . eith | er full-time or part-time | |

= A sole proprietor or self-employed in a trade, profession, or other activity, etc

Best Case Bankruptcy

Entered 05/04/17 17:21:07 Case 17-14134 Doc 1 Filed 05/04/17 Document Page 53 of 68 ase number (if known) Debtor 1 Carmen M Russell ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Do not include Social Security number or ITIN. Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Carmen Marie Hair, Inc **Hair Salon** EIN: 2128 W Van Buren Street From-To Jan. 2015 - March. 2017 Self Chicago, IL 60612 Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial 28. institutions, creditors, or other parties. No Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Carmen M Russell Signature of Debtor 2 Carmen M Russell Signature of Debtor 1 Date May 4, 2017 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| | | 200 | amon rage or or oc | |
|---------------------------------|--|-------------------------|--|---|
| Fill in this infor | mation to identify you | ur case: | | |
| Debtor 1 | Carmen M Russ | sell | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the | : NORTHERN DIST | TRICT OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| | | | | 1 |
| O#:-:-! - - | 400 | | | |
| Official Fo | | | | _ |
| Statemei | nt of Intenti | on for Indiv | iduals Filing Under Chapt | er 7 12/15 |
| | | | | |
| | ividual filing under c | | out this form if: | |
| | re claims secured by | , | | |
| You must file thi | ever is earlier, unless | t within 30 days after | ot expired. you file your bankruptcy petition or by the date s e time for cause. You must also send copies to th | |
| | eople are filing togetl nd date the form. | ner in a joint case, bo | th are equally responsible for supplying correct i | nformation. Both debtors must |
| | and accurate as possour name and case n | | needed, attach a separate sheet to this form. On | the top of any additional pages, |
| Part 1: List Y | our Creditors Who H | ave Secured Claims | | |
| | tors that you listed in | | : Creditors Who Have Claims Secured by Propert | y (Official Form 106D), fill in the |
| | elow. reditor and the propert | y that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
| Creditor's | | | Course des the property | □ No |
| name: | | | ☐ Surrender the property. ☐ Retain the property and redeem it. | □ INO |
| _ | | | ☐ Retain the property and enter into a | □Yes |
| Description of | f | | Reaffirmation Agreement. | |
| property | | | ☐ Retain the property and [explain]: | |
| securing debt: | • | | - | <u> </u> |
| Creditor's | | | ☐ Surrender the property. | □ No |

Official Form 108

Creditor's

name:

property

Creditor's

name:

property

Description of

securing debt:

Description of

securing debt:

Statement of Intention for Individuals Filing Under Chapter 7

 \square Surrender the property.

☐ Retain the property and redeem it.

 \square Retain the property and enter into a

Reaffirmation Agreement.

☐ Surrender the property.

☐ Retain the property and [explain]:

☐ Retain the property and redeem it.

 \square Retain the property and enter into a

Reaffirmation Agreement.

☐ Retain the property and [explain]:

☐ Yes

□ No

☐ Yes

☐ No

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| Debtor 1 Carmen M Russell | | /I Russell | Case numb | Case number (if known) | | |
|---------------------------|---|--|---|---|--|--|
| [F | name: Description of property securing debt: | | □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | □ Yes | | |
| or n th | any unexpired per ne information belo may assume an u | ow. Do not list real estate l nexpired personal propert | you listed in Schedule G: Executory Contracts and leases. Unexpired leases are leases that are still in ty lease if the trustee does not assume it. 11 U.S.C | effect; the lease period has not yet ended. . § 365(p)(2). | | |
| De | scribe your unexpi | ired personal property leas | ses | Will the lease be assumed? | | |
| Les | ssor's name: | TimePayment | | □ No ■ Yes | | |
| Pro | scription of leased pperty: It 3: Sign Below | Carmen Marie Hair Inc mos, payable at \$202 | c and debtor entered into an equipment lease per month. | | | |
| Jnd oro | ler penalty of perju | ct to an unexpired lease. | dicated my intention about any property of my esta | ate that secures a debt and any personal | | |
| X | Carmen M Rus Signature of Debt | sell | Signature of Debtor 2 | | | |
| | Date May 4 | l, 2017 | Date | | | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-14134 Doc 1 Filed 05/04/17 Entered 05/04/17 17:21:07 Desc Main Document Page 60 of 68

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In re | e Carmen M Ru | ssell | I | | C | Case No. | | |
|-------|---|---|--|---|--|-----------|-------------------------------------|-------|
| | | | | Debtor(s | ;) C | Chapter | 7 | |
| | DIS | CL | OSURE OF CO | OMPENSATION OF | ATTORNEY FO | OR DE | EBTOR(S) | |
| | compensation paid to | o me | within one year before | r. P. 2016(b), I certify that I are the filing of the petition in bumplation of or in connection v | bankruptcy, or agreed to | o be paid | to me, for services rendered or | r to |
| | | | | <u> </u> | | | 349.00 | |
| | | | | received | | | 349.00 | |
| | Balance Due | | | | \$ | | 0.00 | |
| 2. | \$ 335.00 of the | filing | g fee has been paid. | | | | | |
| 3. | The source of the co | mpen | nsation paid to me was | s: | | | | |
| | Debtor | | Other (specify): | | | | | |
| 4. | The source of compe | ensati | ion to be paid to me is | s: | | | | |
| | Debtor | | Other (specify): | | | | | |
| 5. | ■ I have not agree | d to sl | hare the above-disclos | sed compensation with any o | ther person unless they | are meml | bers and associates of my law | firm. |
| | | | | compensation with a person of the names of the people sh | | | or associates of my law firm. ched. | A |
| 6. | In return for the abo | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | | | |
| | b. Preparation and fc. Representation od. [Other provisions | filing f the o | of any petition, sched debtor at the meeting needed] | and rendering advice to the dedules, statement of affairs and of creditors and confirmation uant to the flat fee option | plan which may be required the plan which may be required and any adjournment. | juired; | | |
| 7. | By agreement with to Any adve | he del rsary | ebtor(s), the above-disc y proceedings or p | sclosed fee does not include the preparation of reaffirmation | ne following service: on agreements | | | |
| | | | | CERTIFICATIO | ON | | | |
| | I certify that the fore bankruptcy proceeding | | g is a complete statem | ient of any agreement or arrar | igement for payment to | me for re | epresentation of the debtor(s) i | n |
| N | May 4, 2017 | | | | a Sanghani | | | |
| _ | Date | | | Rupa Sa | anghani IL#6300758 | , | | |
| | | | | Signature Ross H | e of Attorney Bridge | | | |
| | | | | | 53rd St. Ste. 423 | | | |
| | | | | | o, IL 60615 | | | |
| | | | | |)-7007 Fax: 773-353 | -1664 | | |
| | | | | r-briggs | s@sbcglobal.net | | | |

Name of law firm

United States Bankruptcy Court Northern District of Illinois

| In re | Carmen M Russell | | Case No. | |
|-------|--|---|-----------------------------|---------------|
| | | Debtor(s) | Chapter 7 | |
| | VE | RIFICATION OF CREDITOR MA | ATRIX | |
| | | Number of C | Creditors: | 65 |
| | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credito | rs is true and correct to t | he best of my |
| Date: | May 4, 2017 | /s/ Carmen M Russell Carmen M Russell Signature of Debtor | | |

4th Municipal District Clerk of Court 1500 Maybrook Drive Suite 236 Maywood, IL 60153-2485

Arnold Scott Harris P.C. c/o Arnold Scott Harris P.C. 111 W Jackson Blvd. Ste. 600 Chicago, IL 60604

AT&T PO Box 5014 Carol Stream, IL 60197-5014

AT&T Mobility c/o Credence Resource Management LL PO Box 2390 Southgate, MI 48195-4390

AT&T Mobility PO Box 6416 Carol Stream, IL 60197-6416

AT&T U-Verse c/o Sunrise Credit Services Inc. PO Box 9100 Farmingdale, NY 11735-9100

Bank of America 100 N Tryon Street Charlotte, NC 28255

Blue Cross Blue Shield 300 E. Randolph Chicago, IL 60601

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One Auto Finance 7933 Preston Rd Plano, TX 75024

Capital One Services, LLC c/o Sherman Originators III, LLC PO Box 10497 Greenville, SC 29603

Carmen Marie Hair inc 2128 W Van Buren Chicago, IL 60612

Certgery
PO Box 30046
Tampa, FL 33630

Chase Bank Mail Code OH1-1272 PO Box 182223 Columbus, OH 43218

Chex System
7805 Hudson Rd. Ste 100
Saint Paul, MN 55125

Citibank Citicorp Credit Srvs/: Centralized Bankr Po Box 790040 Saint Louis, MO 63179

Citibank N.A./THD c/o Portfolio Recovery Associates, PO Box 12914 Norfolk, VA 23541

Citibank/The Home Depot Citicorp Credit Srvs/Centralized Bankrup Po Box 790040 Saint Louis, MO 63179

City of Chicago Department of Finance P.O. Box 88292 Chicago, IL 60680-1292

City of Markham
Photo Enforcement Program
75 Remittance Drive Suite 6658
Chicago, IL 60675-6658

ComEd PO Box 6111 Carol Stream, IL 60197-6111

Credit Management Attention: Bankruptcy Dept Po Box 118288 Carrollton, TX 75011

Dept of Ed/Navient Claims Dept Po Box 9400 Wilkes-Barr, PA 18773

Dupage Medical Group 15921 Collections Center Dr. Chicago, IL 60693-0159

Dupage Medical Group c/o Merchants Credit Guide Co 223 W. Jackson Blvd. Chicago, IL 60606

Hillcrest Davidson & A 715 N Glenville Dr Ste 4 Richardson, TX 75081

Illinois Department of Revenue 101 West Jefferson St. Springfield, IL 62702

Illinois Department of Revenue c/o Linebarger Goggan Blair & Samps P.O. Box 06152 Chicago, IL 60606-0512

Illinois Tollway P.O. Box 5201 Lisle, IL 60532

Illinois Tollway Authority 2700 Ogden Ave Downers Grove, IL 60515

Illinois Tollway Authority c/o Harris & Harris 111 West Jackson Blvd Suite 400 Chicago, IL 60604-4135

Ingalls Memorial Hospital 1 Ingalls Drive Harvey, IL 60426

Internal Revenue Service PO Box 21126 Philadelphia, PA 19114

LVNV Funding Po Box 10497 Greenville, SC 29603

LVNV Funding LLC/Capital One NA c/o Credit Control, LLC 5757 Phantom Dr. Ste. 330 Hazelwood, MO 63042

Merchants Credit 223 W Jackson Blvd Ste 700 Chicago, IL 60606

Meridian Medical Silver Cross (Pavilion B) 1870 Silver Cross Blvd Ste. 240 New Lenox, IL 60451

Midland Funding Attn: Bankruptcy Po Box 939069 San Diego, CA 92193

Midwest Emergency Associates P.O. Box 740023 Cincinnati, OH 45274-0023

Monterey Financial Svc Po Box 5199 Oceanside, CA 92052 Municipal Collection Services Inc re: Village of Hazel Crest PO Box 327 Palos Heights, IL 60463-0327

Navient Attn: Claims Dept Po Box 9500 Wilkes-Barr, PA 18773

Navy Fcu Po Box 3000 Merrifield, VA 22119

Navy Federal Cr Union 820 Follin Ln Se Vienna, VA 22180

Navy Federal Cr Union Po Box 3700 Merrifield, VA 22119

Navy Federal Cr Union Attn: Bankruptcy Po Box 3000 Merrifield, VA 22119

Penn Credit/Cook County Circuit Cou 916 S 14th Street PO Box 988 Harrisburg, PA 17108-0988

Peoples Gas 130 E. Randolph Chicago, IL 60601

Portfolio Recovery Po Box 41067 Norfolk, VA 23541

Sallie Mae Attn: Navient Po Box 9500 Wilkes-Barr, PA 18873 Silver Cross Hospital 1900 Silver Cross Blvd New Lenox, IL 60451

Slc Conduit I Llc 99 Garnsey Road Pittsford, NY 14534

South Holland Police Department PO Box 76975 Cleveland, OH 44101

Sprint Nextel Correspondence Attn: Bankruptcy PO Box 7949 Overland Park, KS 66207-0949

Synchrony Bank/Home Design Attn: Bankruptcy Po Box 103104 Roswell, GA 30076

Target PO Box 673 Minneapolis, MN 55440

Telecheck 5251 Westheimer Houston, TX 77056

The Hartford PO Box 660916 Dallas, TX 75266-0916

TimePayment
16 New Executive Parkway
Burlington, MA 01803

TimePayment Corp 1600 District Ave #200 Burlington, MA 01803

US Bank Corporation PO Box 5220 Cincinnati, OH 45201

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Us Dept of Ed/Great Lakes Ed 2401 International Madison, WI 53704

Us Dept Of Ed/Great Lakes Higher Educati Attn: Bankruptcy 2401 International Lane Madison, WI 53704

USAA Bank 9800 Fredericksburg Road San Antonio, TX 78288

Village of Hazel Crest 3000 W 170th Pl Hazel Crest, IL 60429